



**Reliable
Biopharmaceutical®**

February 29, 2008

Missouri Department of Natural Resources
Hazardous Waste Program
Biennial Report
PO Box 176
Jefferson City, MO 65102

Dear Sir or Madam:

Enclosed please find the 2008 biennial report for Reliable Biopharmaceutical Corporation.

If you have any questions, please do not hesitate to call me. I can be reached at (314) 429-7700 Ext 158.

Sincerely,

Charles Wisdom
EHS Manager
Reliable Biopharmaceutical Corporation

Enclosure

482637



RCRA

RECEIVED
MAR 03 2008

10 APR 2008

Handwritten initials and date: AS QC/AM 3-10-2008

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		RECEIVED MAR 03 2008 E.Y.												
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report														
2. Site EPA ID Number (page 10)	EPA ID Number M O D 9 8 5 8 10 15 10 192														
3. Site Name (page 10)	Name: Reliable Biopharmaceutical Corporation														
4. Site Location Information (page 10)	Street Address: 1945 Walton Road City, Town, or Village: St. Louis State: MO County Name: St. Louis Zip Code: 63114-0192														
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other														
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	<table border="1"> <tr> <td data-bbox="402 1199 873 1304"> A. 325411 </td> <td data-bbox="881 1199 1490 1304"> B. </td> </tr> <tr> <td data-bbox="402 1314 873 1388"> C. </td> <td data-bbox="881 1314 1490 1388"> D. </td> </tr> </table>			A. 325411	B.	C.	D.								
A. 325411	B.														
C.	D.														
7. Site Mailing Address (page 11)	Street or P. O. Box: PO Box 140192 City, Town, or Village: St. Louis State: MO Country: USA Zip Code: 63114-0192														
8. Site Contact Person (page 11)	<table border="1"> <tr> <td data-bbox="402 1619 873 1682"> First Name: Charles </td> <td data-bbox="881 1619 995 1682"> MI: E </td> <td data-bbox="1003 1619 1490 1682"> Last Name: Wisdom </td> </tr> <tr> <td colspan="2" data-bbox="402 1692 995 1724"> Phone Number: 314-429-7700 Extension: 158 </td> <td data-bbox="1003 1692 1490 1724"> E-mail address: cwisdom@reliablebiopharm.com </td> </tr> </table>			First Name: Charles	MI: E	Last Name: Wisdom	Phone Number: 314-429-7700 Extension: 158		E-mail address: cwisdom@reliablebiopharm.com						
First Name: Charles	MI: E	Last Name: Wisdom													
Phone Number: 314-429-7700 Extension: 158		E-mail address: cwisdom@reliablebiopharm.com													
9. Operator and Legal Owner of the Site (pages 11 and 12)	<table border="1"> <tr> <td colspan="2" data-bbox="402 1745 995 1829"> A. Name of Site's Operator: Reliable Biopharmaceutical Corp </td> <td data-bbox="1003 1745 1490 1829"> Date Became Operator (mm/dd/yyyy): 1968 </td> </tr> <tr> <td colspan="3" data-bbox="402 1839 1490 1871"> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="2" data-bbox="402 1881 995 1913"> B. Name of Site's Legal Owner: MEDOP Partners </td> <td data-bbox="1003 1881 1490 1913"> Date Became Owner (mm/dd/yyyy): 09/12/2007 </td> </tr> <tr> <td colspan="3" data-bbox="402 1923 1490 1934"> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> </table>			A. Name of Site's Operator: Reliable Biopharmaceutical Corp		Date Became Operator (mm/dd/yyyy): 1968	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			B. Name of Site's Legal Owner: MEDOP Partners		Date Became Owner (mm/dd/yyyy): 09/12/2007	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
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 10 APR 2008
 [Signature]

9. Legal Owner (Continued) Address	Street or P. O. Box: PO Box 140192		
	City, Town, or Village: St. Louis		
	State: MO		
	Country: USA	Zip Code: 63114	

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities Complete all parts for 1 through 6.

Y <input type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste If "yes", choose only one of the following - a, b, or c. <input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste In addition, indicate other generator activities. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste Y <input type="checkbox"/> N <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site) Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies. <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Underground Injection Control
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B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:

Managed

a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
 Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
 If "yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
 If "yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer
 If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

WASTE GENERATION AND MANAGEMENT

FORM
GM

Corporation

EPA ID NO: M10D19815180151092

Page _ of _

WASTE GENERATION AND MANAGEMENT

FORM
GM

EPA ID NO: M10D19815180151092

Sec. 1	A. Waste description	Ignitable spent solvents from organic reactions
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B. EPA hazardous waste code D001, D028,
D038, ~~D048~~², F002

LG 09

44-111-1-1

204

34,79.24

১৫

10 90

☐ lbs/gal ☒ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 2

44111111

Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

11	12	13	14
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1444444

[illegible]

44-38861-100

1	2	3	4
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44111

Page of

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Reliable BiopharmaceuticalCorporationEPA ID NO: M 101 D 98 58 05 0 92FORM
OIU.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

OFF-SITE
IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>I, L R, 00, 0, 1, 07, 08, 6</u>	B. Name of off-site installation or transporter <u>Illini Environmental Inc.</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation		
Street <u>N/A</u>		
City _____		
State <u> </u> Zip <u> </u> - <u> </u>		

Site 2	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation		
Street _____		
City _____		
State <u> </u> Zip <u> </u> - <u> </u>		

Site 3	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation		
Street _____		
City _____		
State <u> </u> Zip <u> </u> - <u> </u>		

Site 4	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation		
Street _____		
City _____		
State <u> </u> Zip <u> </u> - <u> </u>		

Comments: